

Date: December 29, 1994

BQC 94-076

To: Nursing Homes  
Facilities for the Developmentally Disabled  
Hospitals  
Home Health Agencies  
Hospices  
Ambulatory Surgical Centers  
End Stage Renal Disease Centers  
Nurse Aide Training Programs  
Rural Health Clinics  
Occupational Therapy/Indep. Practice  
Physical Therapy/Indep. Practice  
Outpatient Rehab Agencies

NH	<u>53</u>
FDD	<u>37</u>
HOSP	<u>33</u>
HHA	<u>26</u>
HSPCE	<u>24</u>
ASC	<u>10</u>
ESRD	<u>6</u>
NATP	<u>16</u>
RHC	<u>6</u>
OT/IP	<u>7</u>
PT/IP	<u>6</u>
OPRA	<u>6</u>

From: Judy Fryback, Director  
Bureau of Quality Compliance

Subject: BQC's Mission and Provider Responsibilities

The Bureau of Quality Compliance's (BQC) mission is to ensure the safety, rights and quality of care of persons served by the health care facilities, agencies, and providers that we regulate. We accomplish this by conducting onsite inspections/investigations that comply with federal and state survey procedures, initiating enforcement actions, developing periodic aggregate reports on provider performance, maintaining inspection and licensure files for interested parties while still safeguarding confidential resident record information, and providing leadership in setting policies and standards for health care providers that we regulate.

BQC expects all of its staff, as well as its contractors, to develop and maintain an effective working relationship with the industry that it regulates. Throughout the course of a year, we encourage you to contact us for information or clarification on licensure or certification issues. We will send information to you on new requirements or policies or procedures that may affect you. We may conduct a recertification or licensure survey, perform a review of your residents/clients/patients, or investigate a complaint or event that is reported to us. We also may respond to inquiries from interested parties about your compliance and complaint history, and provide information that compares that record to other providers. Periodically, we also will propose changes to federal regulations, state laws or rules.

In order to fairly and consistently meet these objectives, BQC provides staff with training and the support structure necessary to do their work efficiently and effectively.

We also meet our mission through sensitivity and prompt response to consumer concerns. Our primary customers are users of health care services, their guardians, responsible parties, and families. We fulfill this mission through providers and by working with other groups representing sectors of the health care/consumer continuum.

BQC strives for excellence in communicating on regulatory issues and anticipating, planning and effectively implementing changes in the regulatory framework.

Staff are committed to developing and maintaining proactive relationships with allied federal and state, local governmental units, including the ombudsman, professional licensure boards, law enforcement and other agencies to ensure coordination with the Bureau's programs.

We seek creative strategies, in conjunction with health care professionals and providers, to develop "best practice" guidelines for improving quality of care.

Continuous quality improvement is a goal in our operations, targeting problem solving, decision making and management practices. The cornerstone of the Bureau's quality assurance/improvement plan are:

- Clear communication of expectations;
- Timely provider visits;
- Accurate assessment of provider performance;
- Effective documentation;
- Timely follow up; and
- Public access to provider information.

In order to carry out our responsibilities, we expect providers to do the following:

1. Be alert to federal and state regulations and maintain internal quality assurance/improvement systems to ensure compliance with regulatory performance and reporting requirements.
2. Write to us requesting clarification on areas of the regulations when you have a question. In this way, you can design programs that meet the needs of the users of health care services as required in regulations.
3. Provide to our staff or contractors all information you feel may pertain to a situation about which we have questions. This will enable us to accurately assess your practices. To ensure that BQC can appropriately assess your situation, we expect that you will do all of the following when we are on-site with you:
  - Make your records and other requested information available in a timely fashion, as requested at the entrance conference.
  - Allow us to move about the facility or agency unobstructed, speaking with your staff, residents/clients/patients, family members, etc.
  - Provide us with an area suitable for meetings where we can ensure open and confidential discussions among state staff and contractors, as well as access to a telephone where BQC supervisors can be consulted confidentially.
  - Provide us with copies of records or documents upon request during the course of the visit. We will make every effort to be reasonable in these requests as we recognize the staff time involved. Also refer to BQC memo number 94-077.
  - Quickly and clearly communicate further information that may modify or negate any finding(s) brought to your attention during the visit or in dispute resolution after the deficiencies are served.
  - Utilize appeal rights, where they exist, if you wish, but provide and implement an effective plan of correction to ensure ongoing licensure and certification.
  - Let the BQC staff or contractor's supervisor know when you feel that we are not following established protocols. We will investigate any concerns and take appropriate action.
  - Provide us with feedback on how we are doing in an array of areas by completing an annual assessment form. These forms will be implemented later in 1995.

I believe that we all share a common goal – good health care outcomes for the citizens of our state. We look forward to working with you toward this goal.

JF/pw

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cc:	<ul style="list-style-type: none"><li>-BQC Staff</li><li>-Office of Legal Counsel</li><li>-Ann Haney, DOH Admin.</li><li>-Kevin Piper, BHCF Dir.</li><li>-HCFA, Region V, M. Dykstra</li><li>-Illinois State Agency</li><li>-Ohio State Agency</li><li>-Michigan State Agency</li><li>-Indiana State Agency</li><li>-Minnesota State Agency</li><li>-WI Coalition for Advocacy</li><li>-Serv. Employees Intn'l Union</li><li>-WI Counties Assn.</li><li>-WI Health Info. Mgmt. Assn.</li><li>-WI Assn. of Homes &amp; Serv/Aging</li><li>-St. Med. Society (Comm. Aging...)</li><li>-WI Health Care Association</li><li>-WI Assn. of Medical Directors</li></ul>	<ul style="list-style-type: none"><li>-Admin., Division of Care and Treatment Facilities</li><li>-WI Assn. of Hospital SW and Discharge Planners</li><li>-Bd. on Aging &amp; Long Term Care</li><li>-Bureau of Design Prof., RCL</li><li>-WI Homecare Organization</li><li>-Bureau of LTS, DCS</li><li>-WI Hospital Assn.</li><li>-Hospice Organization of WI</li><li>-LTC BQC Memo Subscribers</li><li>-Non-LTC BQC Memo Subscribers</li><li>-Secy, Dept. of Reg. &amp; Licensing</li><li>-Director, Bureau of Aging DCS</li><li>-Mark Bunge, BPH</li><li>-Renal Dialysis Network</li><li>-DD Board</li><li>-WI Surgery Ctr. Association</li></ul>
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